

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

1. NAME BURKETT LUCIEN F.  
Last First MI

2. BUSINESS PHONE (504) 295-1338  
Area Code and Phone Number

3. BUSINESS ADDRESS 11941 JUSTICE AVB. BATON ROUGE, LA 70815  
Street and No. City State Zip

4. EMPLOYER TOWING AND RECOVERY PROFESSIONALS OF LA.

5. EMPLOYER'S ADDRESS P. O. BOX 46478 BATON ROUGE, LA. 70895  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name TOWING & RECOVERY ASSOCIATION

Address P.O. BOX 46478 B.R.

Business or purpose TRADE ASSOCIATION

Does this person pay you? YES

If No, who pays you? \_\_\_\_\_

2. Name LOUISIANA RETAIL ASSOCIATION

Address P.O. Box 44034 B.R.

Business or purpose TRADE ASSOCIATION

Does this person pay you? YES

If No, who pays you? \_\_\_\_\_

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 1-29-98

REB

1981261

✓ 4373  
110.00  
Wm

# LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

3. Name LOUISIANA COLLISION ASSOCIATION

Address P.O. BOX 64560 BR

Business or purpose TRADE ASSOCIATION

Does this person pay you? YES

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

5. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

State of LOUISIANA

Parish of EAST BATON ROUGE

Before me, the undersigned authority, personally came and appeared \_\_\_\_\_, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Lucia F. Barthelemy  
Signature of Lobbyist

Sworn to and subscribed before me on this 28 day of February, 19 98.

John L. Gougeon  
Notary Public

Rev. 8/97

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY

